

State: Texas

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act☒

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

7470714

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act☒

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

TN No. 92-09
Supersedes 92-05
TN No. 92-05

Approval Date

4/20/92

Effective Date

3/1/92

HCFA ID: 7983E

STATE	<u>Texas</u>	A
DATE REC'D	<u>3-30-92</u>	
DATE APP'D	<u>4-20-92</u>	
DATE EFF	<u>3-1-92</u>	
HCFA 179	<u>92-09</u>	

Revision: HCFA REGION VI
NOVEMBER 1991

ATTACHMENT 2.2-A
PAGE 21

State: Texas

Agency*	Citation(s)	Groups Covered
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(RESERVED FOR FUTURE USE)

* Agency that determines eligibility for coverage.

TN NO. 91-34 Approval Date JAN 14 1992 Effective Date: OCT 01 1991

Supersedes TN NO. None - New Page

STATE	<u>Texas</u>	A
DATE ASSD	<u>DEC 11 1991</u>	
DATE RECD	<u>JAN 14 1992</u>	
DATE RECD	<u>OCT 01 1991</u>	
DATE RECD	<u>91-34</u>	

State: Texas

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-34
Supersedes 88-11, Attachment 2.2-A, pg 17b, Item 14
Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE RECD <u>DEC 11 1991</u>	
DATE APPVD <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

TDHS

1902(a)(47)
and 1920 of
the Act

- XXX 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

STATE <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APP'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

* Agency that determines eligibility for coverage.

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992
Supersedes 91-34
TN No. 91-34

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: Texas

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | |
|--|--|
| 1906 of the Act | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>0</u> months. |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

STATE <u>Texas</u>		A
DATE REC'D	<u>REB - 7 1992</u>	
DATE APPV'D	<u>JUN - 2 1994</u>	
DATE EFF	<u>SEP - 1 1994</u>	
HCFA 179	<u>92-03</u>	

TN No. 92-03
Supercedes Approval Date JUN - 2 1994 Effective Date SEP - 1 1994
TN No. 92-12 HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: Texas

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

TDHS 42 CFR/35.301

This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

TDHS 1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

TDHS 1902(a)(10)(C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 91-34

Supersedes

TN No. 89-27

Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

Attachment 2.2-A, pg 17, item C.1
86-23, Attachment 2.2-A, pg 18, item C.2 & C.3

STATE	<u>Texas</u>
DATE REC'D	<u>DEC 11 1991</u>
DATE APP'D	<u>JAN 14 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 179	<u>91-34</u>

A

State: Texas

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 1902(e)(4) of the Act 4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
- 42 CFR 435.308 5. XXX a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
— 21
— 20
XX 19
— 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- XXX b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
— (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
— (a) In foster homes (and are under the age of ____).
— (b) In private institutions (and are under the age of ____).

STATE <u>TX</u>	A
DATE REC'D <u>4-23-98</u>	
DATE APP'VD <u>5-26-98</u>	
DATE EFF <u>7-1-98</u>	
HCFA 179 <u>98-10</u>	

No. 98-10 TN
Supersedes
TN No. 92-39 Approval Date 5-26-98 Effective Date 7-1-98

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 25a
OMB NO.: 0938-

State: Texas

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- XX (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 92-39
Supersedes 91-34
TN No. 91-34

Approval Date

11/13/92

Effective Date

10/1/92

HCFA ID: 7983E

STATE	<u>Texas</u>	A
DATE RECD	<u>10-21-92</u>	
DATE APP'D	<u>11-13-92</u>	
DATE BIF	<u>10-1-92</u>	
HCFA 177	<u>92-39</u>	

AUGUST 1991

State: Texas

Agency*	Citations(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

TDHS	42 CFR 435.310 <input checked="" type="checkbox"/>	6. Caretaker relatives
	42 CFR 435.320 <input type="checkbox"/> and 435.330	7. Aged individuals.
	42 CFR 435.322 <input type="checkbox"/> and 435.330	8. Blind individuals.
	42 CFR 435.324 <input type="checkbox"/> and 435.330	9. Disabled Individuals.
	42 CFR 435.326 <input type="checkbox"/>	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
	435.340	11. Blind and disabled individuals who: <ul style="list-style-type: none"> a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 92-14
 Supersedes
 TN No. 91-34

Approval Date

4/29/92

Effective Date

4/1/92

STATE	<u>Texas</u>	A
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HCFA 179	<u>92-14</u>	

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: Texas

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 0 months.

STATE <u>Texas</u>	A
DATE REC'D <u>FEB - 7 1992</u>	
DATE APP'D <u>JUN - 2 1994</u>	
DATE EFF <u>SEP - 1 1994</u>	
HCFA 179 <u>92-03</u>	

Supersedes: None-New Page